United States District Court

for the

Northern District of New York

Isaac Richey))	
Plaintiff(s) V.)) Civil Action No.	1:23-cv-344 (AMN/DJS)
Ann Marie T. Sullivan, MD, in her Individual and Official Capacity, New York State Office of NICS Appeals and SAFE Act, Li-Wen Grace Lee, MD, Individually, Carmen Barber, Individually Tony Trahan, Individually)))	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Li-Wen Grace Lee, M.D., NYS Office of Mental Health, 44 Holland Avenue Albany, New York 12229 Carmen Barber, NYS Office of Mental Health, 44 Holland Avenue Albany, New York 12229 Tony Trahan, NYS Office of Mental Health, 44 Holland Avenue Albany, New York 12229

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

The Bellantoni Law Firm, PLLC 2 Overhill Road, Suite 400 Scarsdale, New York 10583

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 8/27/2024 s/ Zach Cortese, Deputy Clerk

Signature of Clerk or Deputy Clerk

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

		ne of individual and title, if ar	ny)				
was red	ceived by me on (date)		·				
	☐ I personally served the summons on the individual at (place)						
		on (date)		; or			
	☐ I left the summons at the individual's residence or usual place of abode with (name), a person of suitable age and discretion who resides there,						
	on (date), and mailed a copy to the individual's last known address; or						
	☐ I served the summons on (name of individual) , who						
	designated by law to accept service of process on behalf of (name of organization) on (date); or						
		on (date)					
	☐ I returned the summ	e	; or				
	☐ Other (specify):						
	My fees are \$	for travel and S	\$ for services, for a total of \$	0.00 -			
	I declare under penalty of perjury that this information is true.						
Date:		_					
	Server's signature						
		Printed name and title					
		_	Server's address				

Additional information regarding attempted service, etc: